

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Amy K. Moran	<i>Amy K Moran</i>	Street: 926 EMERALD ST City: MADISON Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2. DENNIS L. Hasenfuss	<i>Dennis L. Hasenfuss</i>	Street: Oakwood EST Lot #51 City: Portage Zip: 53901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Portage	11/16/2011 (Month) (Day) (Year)
3. Mark Harder	<i>Mark</i>	Street: 510 Diving Hawk Tr. City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Elizabeth Hastings	<i>EJH</i>	Street: 2586 Lalar Rd City: Oregon WI Zip: 53575	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11/15/2011 (Month) (Day) (Year)
5. WILLIAM BRUCE REINGS	<i>Wm Bruce</i>	Street: 4602 KEATING TERRACE City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
6. William Dale Braham	<i>William D Braham</i>	Street: 5405 Temple Ct City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. PATRICK E. MEIER	<i>Patrick E Meier</i>	Street: W9132 SAWMILL RD City: BLANCHARDVILLE Zip: 53516	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City YORK	11/15/2011 (Month) (Day) (Year)
8. Emily Ash	<i>Emily Ash</i>	Street: 718 Bear Claw Way Apt 210 City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Katrina Morgan	<i>Katrina Morgan</i>	Street: 5942 County Rd M City: FITCHBURG (AKA) Zip: 53575	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg (AKA) Oregon	11/15/2011 (Month) (Day) (Year)
10. Anna Richter	<i>Anna Richter</i>	Street: 2109 Cliff Court City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Amy K. Moran, (certify): I reside at 926 EMERALD ST MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Amy K. Moran
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Sandra M. Draus	<i>Sandra M. Draus</i>	Street: 2770 Church St. City: Cottage Grove, WI Zip: 53527	<input checked="" type="checkbox"/> Town Pleasant Spring <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
2. David Swenson	<i>David Swenson</i>	Street: 510 Taylor Ln City: Stoughton, WI Zip: 53589	<input checked="" type="checkbox"/> Town Dunkirk <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
3. Sean McGaw	<i>Sean McGaw</i>	Street: 2239 Woodview CT APT 4 City: Madison, WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. John Cain	<i>John Cain</i>	Street: 1121 West Badger Rd #4 City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. James B. Little	<i>James B. Little</i>	Street: 29 S. Monquette St City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
6. Dennis A. Mikko	<i>DENNIS A. MIKKO</i>	Street: 755 BRAXTON PLACE B110 City: MADISON 53715 Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
7. Joie Tinberg	<i>Joie Tinberg</i>	Street: 601 N. Blackhawk Ave City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Andrew Bernat	<i>Andrew Bernat</i>	Street: 958 Lake Ct #1 City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Roger Clausen	<i>Roger Clausen</i>	Street: 4145 WINDSOR ROAD City: DEFOREST, WI Zip: 53532	<input checked="" type="checkbox"/> Town WINDSOR <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
10. Jesse Craig	<i>Jesse Craig</i>	Street: 602 W. Lakeside St. City: Madison, WI Zip: 53715	<input checked="" type="checkbox"/> Town MADISON <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Julie A. Craig, (certify): I reside at 110 Edna Court Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Julie A. Craig
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

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1. Ebony Cross	<i>[Signature]</i>	Street: 2231 Red Arrow Trail City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)
2. Samantha East	<i>[Signature]</i>	Street: 4711 Jenewein Apt 204 City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Edwina Robinson	<i>[Signature]</i>	Street: 4711 Jenewein Rd Apt 204 City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Debra White	<i>[Signature]</i>	Street: 229 City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
5. Gretajo Northrop	<i>[Signature]</i>	Street: 226 N. Meadow Lane City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Wayne Buckley	<i>[Signature]</i>	Street: 2614 INDEPENDENCE LN City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Albert Heard	<i>[Signature]</i>	Street: 640 W BADGER RD APT 15 City: MADISON WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
8. PETER STERN	<i>[Signature]</i>	Street: 203 N. Main St. City: Monticello, WI Zip: 53870	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Monticello	11/16/2011 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Julie - Julie A. Craig, (certify): I reside at 110 Edna Court Madison
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Julie A. Craig
 (Signature of Circulator)

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1. JEROME KOEPP	<i>[Signature]</i>	Street: 251 AUDLEY DR. City: SUNPRAIRIE WI Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SUN PRAIRIE	11/15/2011 (Month) (Day) (Year)
2. Brian Peterson	<i>[Signature]</i>	Street: 1119 S. Thompson Dr City: Madison WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Lisa Peterson	<i>[Signature]</i>	Street: 1119 S. Thompson Dr. City: madison WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
4. Tori Holden	<i>[Signature]</i>	Street: 106 Edna Ct City: Madison WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. JOHN HILLERY	<i>[Signature]</i>	Street: 540 W. OLINAVE #235 City: MADISON Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
6. Joshua Lapin	<i>[Signature]</i>	Street: 971 Hillside Way City: Verona, WI. Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
7. Angela Radloff	<i>[Signature]</i>	Street: 1220 St. Albert. Dr. City: Sun Prairie WI Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 (Month) (Day) (Year)
8. Lynn Hirsch	<i>[Signature]</i>	Street: 14 N ALLEN ST City: Madison, WI. Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/16/2011 (Month) (Day) (Year)
9. Raymond Brown	<i>[Signature]</i>	Street: 208 PEAR VALLEY ROAD City: MADISON WI Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City madison	11/16/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Julie A. Craig, (certify): I reside at 110 Edna Court Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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I. Erica Gottschalk

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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1. MARY JILEK	<i>Mary Jilek</i>	Street: 3284 STONECREEK DR City: MADISON WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
2. Brett Parpart	<i>Brett Parpart</i>	Street: 6326 Hartford Dr City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/16/2011 (Month) (Day) (Year)
3. CATHY GRUTZMACHER	<i>Cathy Grutzmacher</i>	Street: 6326 HARTFORD DR City: MADISON Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Erich Gottschalk, (certify): I reside at 1301 Winslow Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Erich Gottschalk
(Signature of Circulator)

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1. Margaret Kalscheur		Street: 28 Autumnwood Cir City: MADISON WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
2. GERALD ANDERSEN		Street: 7114 GLADSTONE DR. City: MADISON WI Zip: WI 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
3. Kathleen Andersen		Street: 7114 Gladstone Dr. City: MADISON WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madeson	11/16/2011 (Month) (Day) (Year)
4. Kyle Gonitzke		Street: 3133 Stratton Way #213 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Rebecca Barber		Street: 1027 GAMMON LN City: MADISON WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
6. Martia Runde		Street: 3068 Shonkap Trail City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
7. Judy McGettigan		Street: 3310 N. Stone Creek Cir City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Brad Gottschalk		Street: 1301 Winslow Ln City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, DONALD J. PUSTZ, (certify): I reside at 6234 THORNEBURY DR. CITY OF MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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Circulators

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1. Camille Zanoni		Street: 2210 Calypso Rd City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Mary Swanson		Street: 6509 Whittlesey Rd City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)
3. Monica Johnson		Street: 2284 Charleston Dr City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)
4. Katie Gillespie		Street: 601 Constitution Lane City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Peggy Helm-Quest		Street: 134 E. Pleasant St City: Portage WI Zip: 53901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Portage	11/16/2011 (Month) (Day) (Year)
6. Richard Staley		Street: 228 South Madison St City: Cambria Zip: 53923	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cambria	11/16/2011 (Month) (Day) (Year)
7. Melinda C Mathey		Street: 228 South Madison St City: Cambria Zip: 53923	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cambria	11/16/2011 (Month) (Day) (Year)
8. Michael J Kellum		Street: 5741 Elder Pl City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Ryan J deRegnier		Street: 301 S. Charter City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Dana Loy		Street: 913 High St. #4 City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Michael Pionke, (certify): I reside at 520 DeForest St Apt 2 DeForest
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
1508

Circulators

Phone

Email



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Brady Richter		Street: 1212 Celebration City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 (Month) (Day) (Year)
2. Kristy Skaggs		Street: 321 Cypress Cir City: Marshall Zip: 53559	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Marshall <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. Lauren Zappitelli		Street: 138 E Johnson St #5 City: Madison Zip: 53702	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Mark Martalock		Street: 1431 Linnwood Dr City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 (Month) (Day) (Year)
5. James C Shaft		Street: 5244 Preservation Pl City: Sun Prairie WI Zip: 53590	<input checked="" type="checkbox"/> Town Burke <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
6. Kimberly		Street: 1205 N. Thompson Ave City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Denise Brines		Street: 2537 Commercial Ave City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Peter Sengstock		Street: 849 Jana Ln #7 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Andrea Mitchell		Street: 315 Randolph St City: Edgerton WI Zip: 53521	<input type="checkbox"/> Town <input type="checkbox"/> Village Edgerton <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
10. Mariah Flynn		Street: 16 N 7th St #1 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Andrew Schroeder, (certify): I reside at 2322 E. Mifflin St Madison, WI 53704
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

(Signature of Circulator)

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Circulators,

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Eileen Kilbane	<i>Eileen Kilbane</i>	Street: 3316 Brugger Pl City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
2. DERRICK WARD	<i>Derrick Ward</i>	Street: 311 N Hancock St #225 City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
3. Mary K. Malone	<i>Mary K. Malone</i>	Street: 4260 Lookout Trl City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
4. Steve Gillingham	<i>Steve Gillingham</i>	Street: 102 W. 3rd St City: Waunakee Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Waunakee <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
5. Sybil Stillwell	<i>Sybil Stillwell</i>	Street: 2116 Fisher St City: Madison Zip: 53711	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Madison <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
6. Monica Harkey	<i>Monica Harkey</i>	Street: 1826 Helena St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Thomas J. Dawson	<i>Thomas J. Dawson</i>	Street: 624 Orchard Drive City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Cynthia Hoffland	<i>Cynthia Hoffland</i>	Street: 2838 Regent St City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Ann Rungard	<i>Ann Rungard</i>	Street: 5220 Turner Ave City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Barth Engelmann	<i>Barth Engelmann</i>	Street: 405 W. Washington Ave City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Bruce Noble, (certify): I reside at 25 Hiawatha Circle City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

(Signature of Circulator)

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Circulators

Phone

Email

Barth Engelmann

Barth Engelmann

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. GARY CHERRY	Mary Cherry	Street: 125 ROLAND ST City: SUN PRAIRIE Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SUN PRAIRIE	11/16/2011 (Month) (Day) (Year)	Email Phone
2. Glenn Beyer	Glenn Beyer	Street: 3818 Euclid Ave City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
3. GERALD WILSON	Gerald Wilson	Street: 500 HARDING ST. City: SToughton WI Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SToughton	11/16/2011 (Month) (Day) (Year)	Email Phone
4. Kira Loehr	Ki E. Lh	Street: 1233 E. Dgln #2 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
5. MICHAEL VAUGHN	Michael Vaughn	Street: 5309 Broadway Ave City: madison #203 Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/16/2011 (Month) (Day) (Year)	Email Phone
6. JONATHAN MORGAN	Jonathan Morgan	Street: 6325 MASTHEAD DR City: MADISON Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)	Email Phone
7. Frank J. Ace	Frank J. Ace	Street: 3534 Richier Rd City: Verona WI Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)	Email Phone
8. Carla Zwickery	Carla Zwickery	Street: 5101 Piccadilly Dr City: madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
9. Deborah Dawson	Deborah Dawson	Street: 554 Apollo Way City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
10. JORDAN PETERSON	John Peterson	Street: 150 S. HANLOCK ST. City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Bruce Noble, (certify): I reside at 25 Hiawatha Circle City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

(Signature of Circulator)

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Circulators

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. CHARLES CARMEN	<i>Charles Carmen</i>	Street: 111 S. Barnett #303 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Madison</i>	11/16/2011 (Month) (Day) (Year)
2. Susan Rayburn	<i>Susan Rayburn</i>	Street: 402 Grandview Dr City: Wausaukee Zip: 53597	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Wausaukee</i>	11/16/2011 (Month) (Day) (Year)
3. Karin Wells	<i>Karin Wells</i>	Street: 5410 Dorset Dr City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Madison</i>	11/16/2011 (Month) (Day) (Year)
4. John Rayburn	<i>John Rayburn</i>	Street: 402 Grandview Dr City: Wausaukee Zip: 53597	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Wausaukee</i>	11/16/2011 (Month) (Day) (Year)
5. Susan Crowley	<i>Susan Crowley</i>	Street: 3110 Grandview Blvd City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Madison</i>	11/16/2011 (Month) (Day) (Year)
6. MARY HEADLEY	<i>Mary Headley</i>	Street: 5634 Sunrise Ridge City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Springfield</i>	11/16/2011 (Month) (Day) (Year)
7. Neille Flaminio	<i>Neille Flaminio</i>	Street: 638 First St. #2 City: New Glarus WI Zip: 53574	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>New Glarus</i>	11/16/2011 (Month) (Day) (Year)
8. JEANNE GRIFFITH	<i>Jeanne Griffith</i>	Street: 575 Midvale City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Madison</i>	11/16/2011 (Month) (Day) (Year)
9. Eric Rasmussen	<i>Eric Rasmussen</i>	Street: 5005 Bayfield Tr. City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Madison</i>	11/16/2011 (Month) (Day) (Year)
10. Mary LH	<i>Mary LH</i>	Street: 202 Richland Lane City: Madison, WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Madison</i>	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Bruce Noble, (certify): I reside at 25 Hiawatha Circle City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Circulators, p

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Barnaby Urlich Rintz		Street: 806 Martha Circle City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
2. Carolyn Kammen		Street: 318 Amoth Ct 2F City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, MARY ELLEN BELL, (certify): I reside at 1928 Commonwealth Ave City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 16 2011
(Month) (Day) (Year)

Mary Ellen Bell
(Signature of Circulator)

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Circulators, p.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Patricia A. Mapp	<i>Patricia A. Mapp</i>	Street: 1927 Commonwealth Av. City: Madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
2. BENNET E. KADEL	<i>BENNET E. KADEL</i>	Street: 2114 Jefferson St. City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
3. Jillian Moga	<i>Jillian Moga</i>	Street: 1553 Adams St. City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
4. Sara Myers	<i>Sara Myers</i>	Street: 6001 Crestview Dr City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
5. Sheryl Niede	<i>Sheryl Niede</i>	Street: 4626 Gregg Rd City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
6. Anne Brethauer	<i>Anne Brethauer</i>	Street: 1820 Summit Ave. City: Madison, WI Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
7. Terri Wilson-Carmen	<i>Terri Wilson-Carmen</i>	Street: 332 N. Baldwin St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
8. Cheryl Bensman-Rowe	<i>Cheryl Bensman-Rowe</i>	Street: 425 S. Segoe Rd City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
9. Laura Lynne Gilliam	<i>Laura Lynne Gilliam</i>	Street: 3554 Heather Crest City: Madison, WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
10. Veronika Laubrich	<i>Veronika Laubrich</i>	Street: 2134 Chadbourne Ave City: Madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)

Certification of Circulator

I, MARY ELLEN BELL, (certify): I reside at 1928 Commonwealth Av. MADISON City of MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 16 2011
(Month) (Day) (Year)

Mary Ellen Bell
(Signature of Circulator)

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Circulators, please
Phone (608) 608-1111
Email maryellenbell@gmail.com

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by

Committee
PO Box 25
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Andy Raben</u> Sign: <u>Andy Raben</u>	Street: <u>2119 W. Manogue Rd</u> City: <u>Janesville</u> Zip: <u>53545</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Fulton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>a.Raben</u> Phone <u>(608)</u>
2. Print: <u>TARYN CONAWAY</u> Sign: <u>Tay Con</u>	Street: <u>5706 OXBOW BEND</u> City: <u>MADISON</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>trp</u> Phone <u>(608)</u>
3. Print: <u>Christine Punzel</u> Sign: <u>Christine Punzel</u>	Street: <u>6040 Shedding Pkwy</u> City: <u>Mcfarland</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>Cjp</u> Phone <u>(608)</u>
4. Print: <u>Ryan Conaway</u> Sign: <u>Bej C</u>	Street: <u>5706 Ox bow Bend</u> City: <u>Madison</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>rjco</u> Phone <u>(608)</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone (

Certification of Circulator

I, SARAH CONGDON, (certify): I reside at 5505 GREENING LANE
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MADISON CITY OF
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 16 2011
(Month) (Day) (Year)
Sarah Congdon
(Signature of Circulator)

Page No. (Official Use Only)

1515

Circulators,
Please include your

Phone

(920)

Email

sarah@

Batch#
B3432-4

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by:

Committee
PO Box 250
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. <u>Emilie Dickson</u> Print: <u>[Signature]</u> Sign: <u>[Signature]</u>	Street: <u>3633 Tulane Ave</u> City: <u>Madison</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>edickson</u> Phone <u>(267)</u>
2. <u>Andy Zeleny</u> Print: <u>[Signature]</u> Sign: <u>[Signature]</u>	Street: <u>5622 Hempstead Rd</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>zeleu</u> Phone <u>(608)</u>
3. <u>Carol Bracemell</u> Print: <u>[Signature]</u> Sign: <u>[Signature]</u>	Street: <u>13 Farley Ave</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>608</u> Phone <u>(</u>
4. <u>LARRY WALKER</u> Print: <u>[Signature]</u> Sign: <u>[Signature]</u>	Street: <u>13 FARLEY AVE</u> City: <u>MADISON</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
5. <u>ERIN HUGHES</u> Print: <u>[Signature]</u> Sign: <u>[Signature]</u>	Street: <u>2702 Union Street</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>hy00</u> Phone <u>(773)</u>

Certification of Circulator

I, SARAH CONGDON, (certify): I reside at 5505 GREENING LANE MADISON CITY OF
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 15 12011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

1516

Circulators,
Please include your c

Phone

(920)

Email

Sarah@

24x44
83432-3

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Nick Carvin</u> Sign: <u>Nick Carvin</u>	Street: <u>6161 Dell Dr. Unit 1</u> City: <u>MADISON, WI</u> Zip: <u>53718</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>nickca</u> Phone: <u>(608)</u>
2. Print: <u>Jennifer Yara</u> Sign: <u>Jenny Yara</u>	Street: <u>709 Emerson St.</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>Yara</u> Phone: <u>(608)</u>
3. Print: <u>Jeannette LeZaks</u> Sign: <u>Jamie</u>	Street: <u>306 N. Segoe Rd #28A</u> City: <u>Madison WI</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>jle</u> Phone: <u>(608)</u>
4. Print: <u>David LeZaks</u> Sign: <u>David LeZaks</u>	Street: <u>306 N. Segoe Rd #28A</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>David</u> Phone: <u>(608)</u>
5. Print: <u>Brett Levy</u> Sign: <u>Brett Levy</u>	Street: <u>943 Spaight St.</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>brett</u> Phone: <u>(608)</u>

Certification of Circulator

I, SARAH CONGDON, (certify): I reside at 5505 GREENING LANE
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MADISON CITY OF
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.12(3)(a), Wis. Stats.

11 / 1 / 15 120 / 11
(Month) (Day) (Year)

Sarah Congdon
(Signature of Circulator)

Page No. (Official Use Only)

1517

Return by

Committee
PO Box 25
Madison, WI

Circulators,
Please include your contact information

Phone: (920)
Email: sarah@sc

Bat+Ch
B3432-2

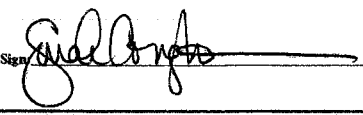
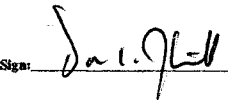
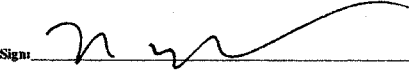
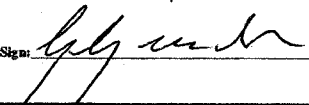
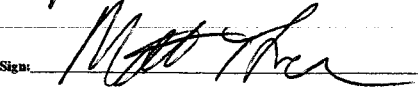
SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:

Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

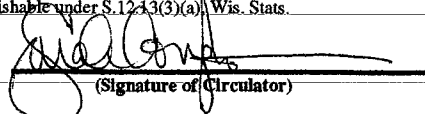
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: SARAH CONSDON Sign: 	Street: 5505 GREENING LANE City: MADISON Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: sarah@cs Phone: (920)
2. Print: David A. Hill Sign: 	Street: 5505 Greening Lane City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: dhfr Phone: (608)
3. Print: Nicholas Rich Sign: 	Street: 4201 Bellgrove Lane City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: gtiw Phone: (608)
4. Print: Lyndsay Eder Sign: 	Street: 5174 Anton Dr, Unit 9 City: Fitchburg Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: lynds Phone: (608)
5. Print: Matt Larson Sign: 	Street: 6949 Chester Dr Apt A City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: this.m Phone: (608)

Certification of Circulator

I, SARAH CONSDON (Printed Name of Circulator), (certify): I reside at 5505 GREENING LANE (Circulator's Residence - Street Name and Number) MADISON CITY OF (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a) Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)


(Signature of Circulator)

Page No. (Official Use Only)

1518

Circulators,
Please include your co

Phone
(920)
Email
sarah@cs

Batch #
B3432-

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Kathrin Judd	<i>Kathrin Judd</i>	Street: 510322 Roeser Rd City: Sauk City Zip: 53583	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sauk City	11/15/2011 (Month) (Day) (Year)
2. Amy Colas	<i>Amy Colas</i>	Street: 1122 Frisch Rd City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 ⁵⁸ (Month) (Day) (Year)
3. Sanford Rotter	<i>Sanford Rotter</i>	Street: 1126 Hathaway Dr City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Steve Hartley	<i>Steve Hartley</i>	Street: 6201 Piping Rock Road City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/16/2011 (Month) (Day) (Year)
5. Sally Swenson	<i>Sally Swenson</i>	Street: 2429 E. Mifflin St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/16/2011 (Month) (Day) (Year)
6. DONALD GABER	<i>Donald Gaber</i>	Street: 5914 Piping Rock Rd City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Christine Fies	<i>Christine Fies</i>	Street: 1114 Saakaa Rd City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Jennifer Weizer	<i>Jennifer Weizer</i>	Street: 5164 Antenn Dr #214 City: Fitchburg WI Zip: 53711	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona Fitchburg	11/16/2011 (Month) (Day) (Year)
9. JAMES SCHWARZ	<i>James Schwarz</i>	Street: 6306 WOODINGTON WAY City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
10. Jason Bynum	<i>Jason Bynum</i>	Street: 6301 Ramford Rd City: madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Susan Rotter, (certify): I reside at 1126 Hathaway Dr 53711 City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Susan Rotter
(Signature of Circulator)

Page No. (Official Use Only)
1519

Circulators,
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Kris Rufer	<i>Kris Rufer</i>	Street: 912 12 th St. City: Monroe, WI Zip: 53566	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monroe	11 / 16 / 2011 (Month) (Day) (Year)
2. Timothy P. Beerenboom	<i>Tim Beerenboom</i>	Street: 1454 Northwestern Ave. City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
3. Candace Heidensch	<i>Candace Heidensch</i>	Street: 1856 Paddock Place City: Oregon, WI Zip: 53575	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11 / 16 / 2011 (Month) (Day) (Year)
4. Matthew Reynolds	<i>Matthew Reynolds</i>	Street: 1427 East Street City: Black Earth Zip: 53515	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Black Earth	11 / 16 / 2011 (Month) (Day) (Year)
5. Kathryn L. Giegel	<i>Kathryn Giegel</i>	Street: 1209 Muirfield Ct. City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11 / 16 / 2011 (Month) (Day) (Year)
6. John Giegel	<i>John Giegel</i>	Street: 1209 Muirfield Ct. City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11 / 16 / 2011 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)

Certification of Circulator

I, Kathryn L. Giegel, (certify): I reside at 1209 Muirfield Ct. City of Middleton
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Kathryn L. Giegel
(Signature of Circulator)

Page No. (Official Use Only)
1520

Circulators.

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Rebecca Felmer	<i>Rebecca Felmer</i>	Street: 300 Ridgwood Dr. City: Cornell WI Zip: 54732	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Cornell	11/16/2011 (Month) (Day) (Year)
2. Matthew Keesack	<i>Matthew Keesack</i>	Street: 222 Lushan St. Apt E City: Eagle River WI Zip: 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eagle R. River	11/16/2011 (Month) (Day) (Year)
3. Margaret Peterson	<i>Margaret Peterson</i>	Street: 1684 Hwy 70 W City: Eagle River WI Zip: 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cloverland	11/16/2011 (Month) (Day) (Year)
4. JEANNE Kohlmeier	<i>Jeanne Kohlmeier</i>	Street: N2692 CTH FA City: LACROSSE WI Zip: 54601	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City LACROSSE	11/16/2011 (Month) (Day) (Year)
5. Cynthia Di Camelli	<i>Cynthia Di Camelli</i>	Street: 527 A. N. Main St. City: Oregon WI Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oregon	11/16/2011 (Month) (Day) (Year)
6. David Witte	<i>David Witte</i>	Street: 2944 McKinley St City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Penny L. Simmons	<i>Penny L. Simmons</i>	Street: 2683 Bruce Pkwy City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Dunn McFarland	11/16/2011 (Month) (Day) (Year)
8. Lucy Hess	<i>Lucy Hess</i>	Street: 1244 Curve Rd City: Kronenwetter WI Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	11/16/2011 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Kathryn L. Diegel, (certify): I reside at 1209 Muir Field Ct. Middleton, WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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11 / 1 / 16 2011
(Month) (Day) (Year)

Kathryn L. Diegel
(Signature of Circulator)

Page No. (Official Use Only)
1521

Circulators

Phone

Email

SCOTT WALKER RECALL PETITION

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1. Kirsten Webster	<i>[Signature]</i>	Street: 5217 Regent St City: Madison, WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Linying Wu	<i>[Signature]</i>	Street: 527 D'Onofrio Drive #5 City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. David Nelson	<i>[Signature]</i>	Street: 9240 15th St City: Delmar, DE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
4. Dave Kunelius	<i>[Signature]</i>	Street: 1563 Lucille Ln City: Albion, MI Zip: MI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae, I.B.	11/16/2011 (Month) (Day) (Year)
5. Justyn Poulos	<i>[Signature]</i>	Street: 804 W. Pine St City: SHAWANO Zip: 54166	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Shawano	11/16/2011 (Month) (Day) (Year)
6. Nicole Beier	<i>[Signature]</i>	Street: 1791 Colony Ct City: Hartford, WI Zip: 53027	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Hartford	11/16/2011 (Month) (Day) (Year)
7. Brian Weaver	<i>[Signature]</i>	Street: 2511 Thatcher Ln City: McFarland, WI Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11/16/2011 (Month) (Day) (Year)
8. Pamela McCawille	<i>[Signature]</i>	Street: 920 Washington St City: WI Rapids, WI Zip: 54494	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wis. Rapids	11/16/2011 (Month) (Day) (Year)
9. Lori Cameron	<i>[Signature]</i>	Street: 2761 N 72nd City: Milwaukee Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/16/2011 (Month) (Day) (Year)
10. Tianna Huber	<i>[Signature]</i>	Street: 11854 City Hwy City: Boyd, WI Zip: 54726	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Delmar	11/14/2011 (Month) (Day) (Year)

Certification of Circulator

I, Kathryn L. Giegel, (certify): I reside at 1209 Mainfield St. City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Kathryn L. Giegel
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Elizabeth Sauer		Street: 2855 Cimarron Trail #2 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Darin Corder		Street: 2845 Cimarron Trail City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Debbie Sharp		Street: 5522 Sparkle Stone Crescent City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)
4. Sherrie Davis		Street: 5726 Balsam #8 City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Deb Robbins		Street: 5178 Reynolds Ave City: Waunakee WI Zip: 53597	<input checked="" type="checkbox"/> Town of Westport <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
6. SHEILA J. BOCK		Street: 1714 Brookside Lane City: Waunakee WI Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Waunakee <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Gail Shearer, (certify): I reside at W3998 Skyline Rd. Exeter Township
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

(Signature of Circulator)

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Circulators

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Cammie Lehmann	<i>Cammie Lehmann</i>	Street: 302 Grand Canyon Dr. #24 City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Sean McGrath	<i>Sean McGrath</i>	Street: 485 County Road MM City: Brooklyn Zip: 53521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Oregon	11/15/2011 (Month) (Day) (Year)
3. Donald Inman	<i>Donald Inman</i>	Street: 3774 Orin rd 53704 City: Madison Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Malcolm McKinney	<i>Malcolm McKinney</i>	Street: 3830 Oak Rd City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. ELIZABETH BEEMER	<i>Elizabeth Beemer</i>	Street: 169 Jackson St City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Ali Hassan	<i>Ali Hassan</i>	Street: 2426 Chalk + garden City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Gail Shearer, (certify): I reside at W3998 SkyLine Rd. Exeter Twnshp
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Gail Shearer
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: Steven Bolles Sign: Steven Bolles	Street: 7954 W. Oakbank ex City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/05/2011 (Month) (Day) (Year)	Email Phone ()
2. Print: Deborah Moore Sign: Deborah Moore	Street: 425 Moorland Rd Apt 204 City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ()
3. Print: Brenda Horstman Sign: Brenda Horstman	Street: 408 W. Chestnut St City: Pardeeville Zip: 53954	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pardeeville (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ()
4. Print: Mei-Ling Woods Sign: Mei-Ling Woods	Street: 110 Railroad St City: Brooklyn, WI Zip: 53521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brooklyn (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ()
5. Print: Taylor Traia Sign: Taylor Traia	Street: 6962 Aurora lane City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ()

1. Gail Shearer (Printed Name of Circulator) (certify): I reside at W3998 Sky Line Rd. (Exeter Twnsp) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)
Signature of Circulator: Gail Shearer

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Circulators,
Please include your contact

Phone
(608) 408-4080
Email
gmshearer

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SCOTT WALKER RECALL PETITION

the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
Donald L Chambers Donald L Chambers	Street: 1819 Regent Street City: Madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ()
Ann M. Niedermeier Ann M. Niedermeier	Street: 1819 Regent Street City: Madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ()
Diana Kabat Diana Kabat	Street: 1220 Shorewood Blvd City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Shorewood (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ()
Susan Berthouex Susan Berthouex	Street: 6018 South Hill Dr City: MADISON Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ()
Claire L Box Claire B1	Street: 911 Western Rd City: Madison Zip: 53705	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

Ann M. Niedermeier (certify): I reside at 1819 Regent St
(Printed Name of Circulator) (Circulator's Residence -- Street Name and Number)

City of Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Ann M. Niedermeier
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Mark Witiak	<i>Mark Witiak</i>	Street: 2849 Century Harbor Rd City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)
2. Robert Paellu	<i>Robert Paellu</i>	Street: 500 Maple Ave City: Madison Zip: 53704	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Judy Singletary	<i>Judy Singletary</i>	Street: 1034 Jerico Ln City: Sun Prairie WI Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/16/2011 (Month) (Day) (Year)
4. Jacqueline Iribarren	<i>Jacqueline Iribarren</i>	Street: 2 PARKDAWN PLACE City: MADISON WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Dave Burke	<i>Dave Burke</i>	Street: 712 N. WASHINGTON ST City: THOMP WI Zip: 54771	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City THOMP	11/16/2011 (Month) (Day) (Year)
6. Janet Hadley	<i>Janet Hadley</i>	Street: 1165 W 221 Tartan Ct. City: Jackson Zip: 53037	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Jackson <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
7. Emily Melstrand	<i>Emily Melstrand</i>	Street: 7225 Susan Dr. City: West Bend Zip: 53090	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Barton	11/16/2011 (Month) (Day) (Year)
8. Randi Johnson	<i>Randi Johnson</i>	Street: 1405 Lincoln Ave City: Stoughton Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11/16/2011 (Month) (Day) (Year)
9. Amy Moll	<i>Amy Moll</i>	Street: 139 E. Main City: Stoughton WI Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11/16/2011 (Month) (Day) (Year)
10. Necole Kalander	<i>Necole Kalander</i>	Street: N7313 City Rd P City: Holmen WI Zip: 54634	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Onalaska	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Beverly J Martin, (certify): I reside at 18 Mesa Ct #1 city of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Beverly J Martin
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Janet Vocks	<i>Janet Vocks</i>	Street: 943 Gladstone Way City: Lake Mills, WI Zip: 53551	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Lake Mills	11/16/2011 (Month) (Day) (Year)
2. Linda Baldus	<i>Linda Baldus</i>	Street: 1106 Lee Ave. City: West Bend Zip: 53090	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Bend	11/16/2011 (Month) (Day) (Year)
3. Janet Vocks Frances M. Johnson	<i>Frances M. Johnson</i>	Street: 2905 Grandview Blvd City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison - Madison	11/16/2011 (Month) (Day) (Year)
4. Denise Oien	<i>Denise Oien</i>	Street: 614262 State Rd 54 City: Galesville Zip: 54630	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Galesville	11/16/2011 (Month) (Day) (Year)
5. Tammy Thorlakson	<i>Mr. Thorlakson</i>	Street: 733 AMY BELLE LAKE RD City: Hubertus, WI Zip: 53033	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village RICHFIELD <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
6. Janet Jenkins	<i>Janet Jenkins</i>	Street: 2797 Hollyhock St City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)
7. John Humphries	<i>John Humphries</i>	Street: 121 N. Grove St. City: Mt. Horeb Zip: 53572	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt. Horeb <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
8. Brian J. Anderson	<i>Brian J. Anderson</i>	Street: 1750 N. Union St. City: Appleton Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	11/16/2011 (Month) (Day) (Year)
9. Dixie Dempsey	<i>Dixie Dempsey</i>	Street: 107 E. Benton City: Cuba City Zip: 53827	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Cuba City	11/16/2011 (Month) (Day) (Year)
10. Karen Lietzow	<i>Karen Lietzow</i>	Street: W5755 Fish Ct. City: Montello Zip: 53949	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Packwaukee	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Beverly J. Martin, (certify): I reside at 18 Mesa Ct #1 city of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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Beverly J. Martin
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Jill Corbett	Jill Corbett	Street: 315 Richards Place City: West Bend Zip: 53095	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Bend	11/16/2011 (Month) (Day) (Year)
2. Judith Westergaard	Judith Westergaard	Street: 3316 Sanctuary Drive City: South Milwaukee Zip: 53122	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City South Milwaukee	11/16/2011 (Month) (Day) (Year)
3. Richanda Kuquatosh	Richanda Kuquatosh	Street: 4419 SLENOX City: Milwaukee, WI Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/16/2011 (Month) (Day) (Year)
4. Deborah Wall	Deborah Wall	Street: 85 Spring Lake Rd. City: Rhinelander Zip: 54821	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	11/16/2011 (Month) (Day) (Year)
5. Michele Knudtson	Michele Knudtson	Street: 205 Erickson Street City: Elroy Zip: 53529	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Elroy	11/16/2011 (Month) (Day) (Year)
6. Johanna Chenow	Johanna Chenow	Street: 308 M. 11 St City: Argyle Zip: 53504	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Argyle <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
7. Katherine Strong	Katherine Strong	Street: 125 Camp St. City: Platteville Zip: 53818	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Platteville	11/16/2011 (Month) (Day) (Year)
8. Catherine Butts	Catherine Butts	Street: 2423 N Tremaine Rd City: Clinton, WI Zip: 53525	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sharon	11/16/2011 (Month) (Day) (Year)
9. Peter Schultz	Peter Schultz	Street: 714 N. Garfield Ave City: Janesville WI Zip: 53455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Janesville	11/16/2011 (Month) (Day) (Year)
10. Jeanne Moran	Jeanne Moran	Street: 5941 S. 35th St. City: Greenfield WI Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greenfield	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Beverly J Martin, (certify): I reside at 18 Mesa Ct #1 city of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Beverly J Martin
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>SUSAN K. KIFFLESAY</u> Sign: <u>Susan K. Kifflesay</u>	Street: <u>218 S. Kenosha Dr.</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Kifflesay</u> Phone <u>(608)</u>
2. Print: <u>PAUL H. WILLIAMS</u> Sign: <u>Paul H. Williams</u>	Street: <u>610 ORCHARD DRIVE</u> City: <u>MADISON</u> Zip: <u>WI 53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
3. Print: <u>Cor M. Williams</u> Sign: <u>Cor M. Williams</u>	Street: <u>610 Orchard Dr.</u> City: <u>Madison, WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
4. Print: <u>David T. Schmitt</u> Sign: <u>David T. Schmitt</u>	Street: <u>226 S. Kenosha Drive</u> City: <u>Madison, WI</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
5. Print: <u>Gena Defoliant</u> Sign: <u>Gena DeFoliant</u>	Street: <u>6 S. Kenosha</u> City: <u>Madison WI</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>

Certification of Circulator

I, WALTER R. STEVENSON (certify): I reside at 222 S. Kenosha Dr. City of Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Walter R. Stevenson
(Signature of Circulator)

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Circulators,
Please include your contact

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>WALTER A STEVENSON</u> Sign: <u>Walter R Stevenson</u>	Street: <u>222 S. Kenosha Dr.</u> City: <u>Madison</u> Zip: <u>53705 WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>WAS@K.A.</u> Phone (608) 2
2. Print: <u>Judy Stevenson</u> Sign: <u>Judy Stevenson</u>	Street: <u>222 S. Kenosha Dr.</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>judy-5</u> Phone (608) 2
3. Print: <u>Ruth M. Marion</u> Sign: <u>Ruth M. Marion</u>	Street: <u>210 S. Kenosha Dr.</u> City: <u>Madison</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>bu ma</u> Phone (608) 2
4. Print: <u>Bruce W. Marion</u> Sign: <u>Bruce W. Marion</u>	Street: <u>210 S. Kenosha Dr.</u> City: <u>Madison</u> Zip: <u>WI 53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>bu mar</u> Phone (608) 2
5. Print: <u>Jane C. Dale</u> Sign: <u>Jane C. Dale</u>	Street: <u>218 S. Kenosha Dr.</u> City: <u>Madison, WI</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>DALE, J</u> Phone (608) 2

Certification of Circulator

I, WALTER R. STEVENSON, (certify): I reside at 222 S. Kenosha Dr.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MADISON
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)
Walter R Stevenson
(Signature of Circulator)

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Circulators.
Please include your contact

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Dena Weinke	Dena Weinke	Street: 88757 Hagsback Rd City: Baraboo WI Zip: 53913	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Excessior	11/16/2011 (Month) (Day) (Year)
2. Meghan Wagner	Meghan Wagner	Street: 134 Ohio WI City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Robert Acherson	Robert Acherson	Street: Schroeder Rd / Gornham Rd City: Madison Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Patricia James	Patricia James	Street: E 10758 Delton Rd City: Baraboo, WI Zip: 53913	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Lake Delton	11/16/2011 (Month) (Day) (Year)
5. Nick Thompson	Nick Thompson	Street: 1 Kessel Ct Apt 26 City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Ashley Mattei	Ashley R. Mattei	Street: 1220 Ash St. City: Baraboo, WI Zip: 53913	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Baraboo	11/16/2011 (Month) (Day) (Year)
7. Barbara Snell	Barbara Snell	Street: 558 Echo Valley Rd. City: Brooklyn, WI Zip: 53521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Oregon	11/16/2011 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

I, JILLIAN HUSSEY, (certify): I reside at 6409 BRIDGE RD. #102 Madison, WI 53713
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.


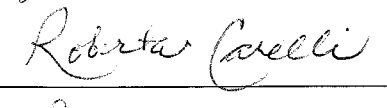
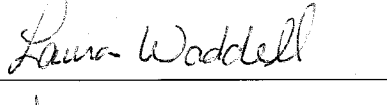

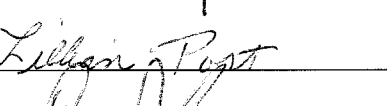
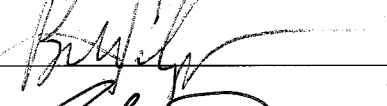
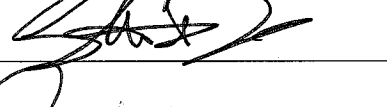



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Jillian Hussey
 (Signature of Circulator)

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. James Carelli		Street: 103 CEDAR Circle City: Paynette Zip: 53953	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Paynette	11/16/2011 (Month) (Day) (Year)
2. Roberta Carelli		Street: 103 CEDAR Circle City: Paynette Zip: 53953	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Paynette	11/16/2011 (Month) (Day) (Year)
3. Laura Waddell		Street: 3384 Jenness Ave City: McFarland Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ^{PW} McFarland Bloom Grove	11/16/2011 (Month) (Day) (Year)
4. Diane Matson		Street: 709 E MAIN ST. City: Stoughton Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11/16/2011 (Month) (Day) (Year)
5. Lillian Post		Street: 14 E. WATER ST. City: MONTELLA Zip: 53949	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MONTELLA	11/16/2011 (Month) (Day) (Year)
6. Brett Schypener		Street: 625 Burdette Ct City: Madison, WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
7. Steven Davis		Street: 5187 Ninebank drive City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)
8. Jeannine Prude		Street: 1004 Sunnyvale Ln. City: madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/16/2011 (Month) (Day) (Year)
9. RYAN BLAIR		Street: 758 S. GAMMON Rd Apt 5 City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. CARSON SUTTER		Street: 758 S Gammon Rd Apt 5 City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

I, JILLIAN HUSLEY, (certify): I reside at 6409 Bridge Road, #102 Madison, WI 53713
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality) Cir

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Shelly Whitehouse	<i>Shelly Whitehouse</i>	Street: 4661 Atticus way #106 City: madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Shayla Whitehouse	<i>Shayla Whitehouse</i>	Street: 4661 Atticus way #106 City: madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. SHEILA BRAZZEL	<i>Sheila Brazzel</i>	Street: 4661 ATTICUS WAY #106 City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Reginald K Warner	<i>Reginald K Warner</i>	Street: 4661 Atticus way City: madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Brenda m Warner	<i>Brenda m Warner</i>	Street: 4661 ATTICUS way City: madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Minnie Rogers	<i>Minnie Rogers</i>	Street: 4661 ATTICUS 53711 City: madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. NORMA COX	<i>Norma J Cox</i>	Street: 4661 ATTICUS 53711 City: Merl Zip: 53711	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Renee Denta	<i>Renee</i>	Street: 4661 Atticus #208 City: Mad Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Emily Robinson	<i>Emily Robinson</i>	Street: 4661 ATTICUS way #210 City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. KAONJAETTA TURNER	<i>Kaonjaetta T.</i>	Street: 3360 SECOND ST City: BROOKLYN, WI Zip: 53521	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brooklyn	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Luka Lawrence, (certify): I reside at 4601 Atticus Way #210 City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Terry Benson	[Signature]	Street: 7358 True Ln City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. B. H. Johnson	[Signature]	Street: 4613 Hill City: Madison WI Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Myra Hays	[Signature]	Street: 4613 Atticus Way City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Willie McCoy	[Signature]	Street: 4613 Atticus Way City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Sheltan Hampton	[Signature]	Street: Rutland St. City: Brooklyn Zip: WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Brooklyn	11/15/2011 (Month) (Day) (Year)
6. Chimere P.	[Signature]	Street: Atticus Way #7 City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Shawanda Donelson	[Signature]	Street: ATTICUS WAY #107 City: MADISON Zip: 53711E	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Charles Rayford	[Signature]	Street: 4637 Atticus Way #208 City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Keri D. Jones	[Signature]	Street: 4637 Atticus Way #109 City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Stephanie Branstetter	[Signature]	Street: 4637 Atticus Way #209 City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Lisa Lawrence, (certify): I reside at 4601 Atticus Way #210 City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Grace Lawrence	<i>Grace Lawrence</i>	Street: 4601 Atticus Way #210 City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Natawhis G. Schulth	<i>Natawhis G. Schulth</i>	Street: 1214 Gilson St. City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Lisa Lawrence	<i>Lisa Lawrence</i>	Street: 4601 Atticus Way #210 City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Divine Wilson	<i>Divine Wilson</i>	Street: 2610 Country Rose Apt 11 City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. TAY Smith	<i>TAY Smith</i>	Street: 4601 Atticus Way City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Rochelle Gratham	<i>Rochelle Gratham</i>	Street: 4613 Atticus Way 107 City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
Rochelle Gratham	<i>Rochelle Gratham</i>	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
8. Tracy Williams	<i>Tracy Williams</i>	Street: 4613 Atticus Way Apt 213 City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Lakwanda Wiggins	<i>Lakwanda Wiggins</i>	Street: 4613 Atticus Way 107 City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Catherine Jackson	<i>Catherine Jackson</i>	Street: 4613 Atticus Way Apt 213 City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Lisa Lawrence (Name of Circulator), (certify): I reside at 4601 Atticus Way #210 (Circulator's Residence - Street name and Number) City of Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Lisa Lawrence
(Signature of Circulator)

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I, Lisa Sanchez, (certify): I reside at 4601 Atlantic Way #210 City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Nancy Thornsen	Nancy Thornsen	Street: 4538 Hamlet City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. SUE SUSAN MARX	Susan Marx	Street: 2926 SNOWMIST TR City: MADISON Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. CYNTHIA SIEBERT	Cynthia Siebert	Street: 6403 Exchange St City: McFarland Zip: 53558	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City McFarland	11/16/2011 (Month) (Day) (Year)
4. MARCIA VIRGIL	Marcia Virgil	Street: 4959 Midway Lane City: Marshall Zip: 53559	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Medina	11/16/2011 (Month) (Day) (Year)
5. Dale Robertson	Dale Robertson	Street: 350 Kent Lane City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Tish Lafferty	Tish Lafferty	Street: 710 Western Ave City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. MICHAEL J. WAGNER	Michael Wagner	Street: 202 ROBINSON ROAD City: OREGON WI Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oregon	11/16/2011 (Month) (Day) (Year)
8. Lisa Bloomfield	Lisa Bloomfield	Street: 735 Edward St City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/16/2011 (Month) (Day) (Year)
9. Rick Bankers	Rick Bankers	Street: 5825 Meadowood Dr City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. GEORGE PERKINS	George Perkins	Street: 442 TOEPFER AVE City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Lisa Lawrence, (certify): I reside at 4601 Atticus Way #210 City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Lisa Lawrence
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>JAMES WHITNEY</u> Sign: <u>James Whitney</u>	Street: <u>2410 PRAIRIE RD</u> City: <u>MADISON</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
2. Print: <u>Sharon Whitney</u> Sign: <u>Sharon Whitney</u>	Street: <u>2410 Prairie Rd.</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Sharon Whiglo</u> Phone (608) () ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone () ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone () ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone () ()

Certification of Circulator

I, JAMES WHITNEY, (certify): I reside at 2410 PRAIRIE RD MADISON
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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James Whitney
(Signature of Circulator)

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Please include your contact

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Brandon Peterman		Street: 6735 Pinelake Drive #111 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Tyler Franklin		Street: 6737 Pinelake Drive #114 City: MADISON Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Matt Iwanski		Street: 6741 Pinelake Drive #203 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. JASON WENZEL		Street: 6747 Pinelake Drive #208 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
5. Stephanie Brady		Street: 6749 Pinelake Drive #105 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. DONALD J. PUSTZ		Street: 6234 THORNEBURY DR. City: MADISON Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
7. KIMBERLY F. PUSTZ		Street: 6234 THORNEBURY DR. City: MADISON Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, JAMES WHITNEY, (certify): I reside at 2410 PRAIRIE RD MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Brenda Popp	<i>Brenda Popp</i>	Street: 6701 East Pass #3 City: madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
2. Alicia Hallanback	<i>Alicia Hallanback</i>	Street: 6701 East Pass #5 City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
3. Katherine L. Moritz	<i>Katherine L. Moritz</i>	Street: 6821 East Pass City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
4. Brandi Whitlock	<i>Brandi Whitlock</i>	Street: 6831 East Pass 53719 City: madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
5. Jane Vens	<i>Jane Vens</i>	Street: 6718 East Pass 53719 City: Madison WI Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
6. Steve Moritz	<i>Steve Moritz</i>	Street: 6821 East Pass City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
7. Carol Kindschi	<i>Carol Kindschi</i>	Street: 4014 Manitou Way City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
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Certification of Circulator

I, Martia Runde, (certify): I reside at 3068 Shawcap Trail Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. STACEY JUNO	<i>Stacey K Juno</i>	Street: 6717 PIMA DR. #205 City: MADISON Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
2. Erich Henninger	<i>E. Henninger</i>	Street: 6727 Pima Dr. #206 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Elizabeth Basteen	<i>[Signature]</i>	Street: 2941 Fish Hatchery Rd #219 City: Fitchburg Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)
4. Alissa Geurink	<i>[Signature]</i>	Street: 6706 Pima Dr City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Stephanie Hansen	<i>Stephanie Hansen</i>	Street: 6726 Pima Dr. City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Jennifer Voelck	<i>Jennifer Voelck</i>	Street: 6734 Pima Dr City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. John F Duncan	<i>John F Duncan</i>	Street: 6734 Pima Dr City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
8. Fui Thao	<i>[Signature]</i>	Street: 6746 Pima Drive City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Michael Kunze	<i>Michael A. Kunze</i>	Street: 6756 Pima Dr City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Rebecca Lotto	<i>Rebecca I. Lotto</i>	Street: 6756 Pima Dr. City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, MARY E. DETERT

(Name of Circulator)

, (certify): I reside at 6606 REGIS RD

(Circulator's Residence - Street name and Number)

CITY OF MADISON

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Mary E. Detert
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Joe Ferry	<i>Joe Ferry</i>	Street: 4529 Tennewein Rd City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Ryan Learitt	<i>Ryan Learitt</i>	Street: 3436 Dawes St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Robert Behrens	<i>Robert Behrens</i>	Street: 3004 Nesslering St City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Patsy Neuenschwander	<i>Patsy Neuenschwander</i>	Street: 6390 Nesbitt Rd City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/16/2011 (Month) (Day) (Year)
5. Daryl Storm	<i>Daryl Storm</i>	Street: 2642 Pleasick St City: Madison Zip: 53711	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)
6. Amanda Pustz	<i>Amanda Pustz</i>	Street: 3117 Stratton Way #201 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Carol Kindschi, (certify): I reside at 4014 Manitow Way Madison, WI 53711
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Carol Kindschi
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Tom O'Brien	<i>Tom O'Brien</i>	Street: 6614 Putnam Trl City: Madison Zip: Wis	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Audra Linhart	<i>Audra Linhart</i>	Street: 3326 Stonecreek Drive City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
3. Michelle Kruwell	<i>Michelle Kruwell</i>	Street: 3012 Niesen St. City: Cross Plains Zip: 53528	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cross Plains	11/16/2011 (Month) (Day) (Year)
4. Jake Tyler	<i>Jake Tyler</i>	Street: 6702 East Pass City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Joyce Kabler	<i>Joyce Kabler</i>	Street: 48 Waterford Cir City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Patty Hellenbrand	<i>Patty Hellenbrand</i>	Street: 6913 Stratford Dr City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Amy Sullivan	<i>Amy Sullivan</i>	Street: 5213 Hammersley Rd City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Pam Jennings	<i>Pam Jennings</i>	Street: 3629 Serenity Trail City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Jessica Koch	<i>Jessica Koch</i>	Street: 2302 Aspen Rd City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Beau Galinde	<i>Beau Galinde</i>	Street: 1421 Dayflower Drive City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Carol Kindschi, (certify): I reside at 4014 Manitou Way Madison WI 53711
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator's Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Carol Kindschi
(Signature of Circulator)

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Circulators, pl
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Sean Horton	<i>[Signature]</i>	Street: 6810 East Pass Apt 207 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
2. Joy Mayfield	<i>[Signature]</i>	Street: 6812 East Pass Apt 111 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
3. Josh Liebold	<i>[Signature]</i>	Street: 6812 East Pass Apt 212 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
4. Lacey Bindl	<i>[Signature]</i>	Street: 6812 East Pass Apt 213 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
5. Paul Zander	<i>[Signature]</i>	Street: 6812 East Pass Apt 213 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
6. Marisol Lopez	<i>[Signature]</i>	Street: 6814 East Pass Apt 101 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
7. FAUSTO RIVERA	<i>[Signature]</i>	Street: 6814 E. PASS #101 City: MADISON, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
8. Jillian Bichanide	<i>[Signature]</i>	Street: 6814 E PASS #105 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
9. Elizabeth Tissot	<i>[Signature]</i>	Street: 6814 E. Pass #203 City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
10. Michelle Woods	<i>[Signature]</i>	Street: 6814 E. Pass #113 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, LAWRENCE J. WINKLER, (certify): I reside at 5306 LORUTH TER MADISON, CITY of
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
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Lawrence J. Winkler
(Signature of Circulator)

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Circulators, please

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Angela Bluhm	<i>[Signature]</i>	Street: 6922 East Pass 201 City: Madison Zip: 53719	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
2. Colleen Farrell	<i>[Signature]</i>	Street: 6922 East Pass 203 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
3. Tami Hockers	<i>[Signature]</i>	Street: 6924 East Pass 108 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, LAWRENCE J. Winkler, (certify): I reside at 5306 Loruth Ter CITY OF MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Cullen S. Vens		Street: 6718 East Pass City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Kristina D. Koyh		Street: 3017 Maple Valley Dr #307 City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Timothy A. Keogh		Street: 3017 Maple Valley Dr #307 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. JEFF MEER		Street: 5196 SASSAFRAS DR #313 City: FITCHBURG Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FITCHBURG	11/16/2011 (Month) (Day) (Year)
5. Katie Vice		Street: 3001 RAZD HPT 320 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Beverly Martin, (certify): I reside at 18 Mesa Ct #1 city of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. POLLYANN W. SLAPPEY	<i>P. Williams Slappey</i>	Street: 2128 HORSESHOE LANE City: Delavan, WI Zip: 53115	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Delavan	11/16/2011 (Month) (Day) (Year)	Email: pollyslap Phone: (262) 262-2622
2. Sandra J Hooser	<i>Sandra Hooser</i>	Street: 1005 Bedford Dr City: Janesville WI Zip: 53546	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Janesville	11/16/2011 (Month) (Day) (Year)	Email: Sandyho Phone: (608) 608-6080
3. <i>[Signature]</i>	<i>[Signature]</i>	Street: 528 Harper City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
4. SHEILA FORKRIEFKE	<i>Sheila Forkriefke</i>	Street: 7022 CHELSEA ST City: MADISON Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
5. STEVEN JONES	<i>Steven Jones</i>	Street: 4711 JACOBSON WI City: Madison Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
6. Susan Langbehn	<i>Susan Langbehn</i>	Street: 407 Durst Rd City: New Glarus WI Zip: 53574	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village New Glarus <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
7. JED DOMINOWSKI	<i>Jed Dominowski</i>	Street: 3134 KESWICK DR City: MADISON, WI. Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
8. Nathan Ohlrich	<i>Nathan Ohlrich</i>	Street: 1 Hartford Ct City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
9. MARY J HALPERN	<i>Mary J Halpern</i>	Street: 7114 EAST 1025 City: MADISON Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
10. BOB O'HAGAN	<i>Bob O'Hagan</i>	Street: 5133 MAPLE VALLEY DR City: MADISON Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()

Certification of Circulator

I, Beverly Martin, (certify): I reside at 18 Mega Ct #1 city of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Beverly Martin
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. DANIEL KRAMER		Street: 3705 Country Grove Dr. City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone ()
2. Robin Kramer		Street: 3705 Country Grove Dr. City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone ()
3. WAYNE JENSEN		Street: 5164 Arrow City: MADISON Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/14/2011 (Month) (Day) (Year)	Email Phone ()
4. Sarah George		Street: 2801 Interlaken Pass City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone ()
5. Tom Stamm		Street: 4426 Rella Ln City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone ()
6. Katie McGraw		Street: 1016 Jenna Drive City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/16/2011 (Month) (Day) (Year)	Email Phone ()
7. Annika Collins		Street: 1016 Jenna Drive City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/16/2011 (Month) (Day) (Year)	Email Phone ()
8. Mike NACHTEAL		Street: 6701 EAST PASS APT 2 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)	Email Phone ()
9. Karen RANACKA		Street: 3513 Ice Age Dr City: MADISON WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)	Email Phone ()
10. WILLIAM R RODRIGUEZ		Street: 3201 COUNTRY GROVE DR City: MADISON WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Beverly J. Martin, (certify): I reside at 18 Mega Ct #1 city of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Beverly J. Martin
(Signature of Circulator)

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